

To:
All Providers
HMOs and
Other
Managed
Care
Programs

Reminder: Wisconsin Medicaid Is Collecting National Provider Identifiers from Health Care Providers

Medicaid-certified health care providers are required to submit their National Provider Identifier to Wisconsin Medicaid. Providers failing to do so risk interruptions in conducting their business with Wisconsin Medicaid, including submitting claims and processing prior authorizations.

This is a reminder that Wisconsin Medicaid is collecting National Provider Identifiers (NPIs) and that all Medicaid-certified health care providers are required to submit their NPI to Wisconsin Medicaid at this time.

Providers are required to submit their NPI information using one of the following methods:

- Web-based application on the Medicaid Web site at dhfs.wisconsin.gov/medicaid/ via the NPI link.
- E-mail at winpi@dhfs.state.wi.us/. Include the eight-digit Medicaid provider number, corresponding NPI, a contact name, and a telephone number.
- Mail: Providers may photocopy and complete the National Provider Identifier Collection form, HCF 13505

(07/07), in the Attachment of this *Wisconsin Medicaid and BadgerCare Update* and mail it to the Wisconsin Medicaid address listed on the form.

For additional NPI information and collection guidelines, refer to the July 2007 *Update* (2007-53), titled “Wisconsin Medicaid Will Require National Provider Identifiers for All Health Care Providers” and the July 2007 *Update* (2007-54), titled “Wisconsin Medicaid Is Now Collecting National Provider Identifiers.”

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.
PHC 1250

ATTACHMENT

National Provider Identifier Collection

(A copy of the "National Provider Identifier Collection" is located on the following page.)

**WISCONSIN MEDICAID
NATIONAL PROVIDER IDENTIFIER COLLECTION**

Wisconsin Medicaid requires certain information to enable Medicaid to certify providers and to authorize and pay for medical services provided to eligible recipients. Personally identifiable information about Medicaid providers is used for purposes directly related to Medicaid administration, such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

Instructions: Type or print clearly. Submit a separate form for each Medicaid Provider Number. Mail completed forms to the following address:

Wisconsin Medicaid
Provider Maintenance
6406 Bridge Rd
Madison WI 53784-0006

Section II

Indicate the eight-digit Medicaid Provider Number and corresponding 10-digit National Provider Identifier (NPI) for the provider indicated in Section I. The NPI designated in Element 5 is the NPI to be used when conducting business with Wisconsin Medicaid.

Section III

Indicate secondary NPIs that will appear on automatic Medicare crossover claims sent to Wisconsin Medicaid. Wisconsin Medicaid will only use secondary NPIs when processing automatic crossover claims.

SECTION I — PROVIDER INFORMATION

1. Name — Provider

2. Name — Contact Person

3. Telephone Number — Contact Person

SECTION II — MEDICAID PROVIDER NUMBER AND NPI INFORMATION

4. Wisconsin Medicaid Provider Number

5. NPI

Check one of the following:

- This provider is able to use the eight-digit Medicaid Provider Number on electronic claim submissions.
- This provider is **not** able to continue to use the eight-digit Medicaid Provider Number on electronic claim submissions.
This provider can submit their NPI only.

SECTION III — SECONDARY NPI INFORMATION

Medicare Part A	Medicare Part B	DMERC

In submitting the information supplied above, the provider identified above acknowledges that this information constitutes a statement of material fact, knowingly and willfully made, or caused to be made, by a Medicaid provider in an application for, or for use in determining right to, a Medicaid benefit or payment, within the meaning of ss. 49.49 (1) and (4m), Wis. Stats., which, if false, subjects the provider to criminal or other penalties.

SIGNATURE — Authorized Representative

Date Signed
